Request For Continued Examination (RCE) Transmittal

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	09/920,286
Filing Date	August 2, 2001
First Named Inventor	Xiaobin Zhao
Group Art Unit	1623
Examiner Name	Patrick T. Lewis
Attorney Docket Number	09736-264001

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. §1.114 Note: If the RCE is proper, any previously filed unentered amendments and						
	enclosed with the RCE will be entered in the order in the					
	ously submitted. If a final Office action is outstar dered as a submission even if this box is not ch		amendme	ent filed after the final Office action may be		
i. 🗆 C	onsider the arguments in the Appeal Brief or Re	eply Brief p	reviously f	filed on		
ii. 🗌 O	ther				1	
b. 🖾 Enclosed	d					
i. 🗆 A	mendment/Reply	iii.	\boxtimes	Information Disclosure Statement (IDS)	Į	
ii. 🗀 A	ffidavit(s)/Declaration(s)	iv.		Other		
 Miscellaneous a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required) 						
b. Dother_						
3. Fee The F	RCE fee under 37 C.F.R. §1.17(e) is required by	37 C.F.R.	§1.114 wl	hen the RCE is filed.		
 a. \text{The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>06-1050</u> 						
i. 🖂 R	RCE fee required under 37 CFR 1.17(e)				1	
ii. 🔲 E	extension of time fee (37 CFR 1.136 and 1.17)				ŀ	
iii. 🖂 C	other <u>Any deficiencies</u>					
b. 🔲 Check ir	n the amount of \$ enclosed					
c. 🔲 Paymen	it by credit card (Form PTO-2038 enclosed)					
	SIGNATURE OF APPLICANT, A	TTORNEY	OR AGE	NT REQUIRED	_	
Name (Print/Type)	Elizabeth N. Kaytor, Ph.D.		_	(Attorney/Agent) 53,103		
Signature	Elizabet n Kayton	Date	August 2			
·	- January - Canada					